

Philippines and Senegal Quality of Care

OR Summary 30

Services Improve Quality of Care but Fail to Increase FP Continuation

Introduction of client-centered service delivery with a focus on the client-provider interaction resulted in better quality of care at sites in the Philippines and Senegal. However, improving quality of care alone was not sufficient to significantly increase the length of time women continued to use contraception.

Background

In 1999 Frontiers in Reproductive Health (FRONTIERS) collaborated in studies on impact of interventions to improve quality of care in the Philippines and Senegal. The two interventions were part of a multi-country Population Council study (also undertaken in Pakistan and Zambia) to test whether improving quality affects women's contraceptive continuation. The studies used a quasi-experimental design with longitudinal data-gathering. Quality was measured using five indicators: assessment of clients' needs; choice of methods provided; information given on the chosen method; interpersonal relations with clients; and provisions to ensure followup care.

The Philippines study, implemented in the province of Davao del Norte, focused on training in family planning (FP), supportive supervision, and refresher courses to improve client-provider interaction. Providers from 40 control clinics and 40 experimental clinics participated. Data were gathered before, shortly after, and 16 months following the intervention at experimental and control clinics. New FP users in the experimental and control clinics were also interviewed between September 1997 and January 1998.

The Senegal study compared the impact of improved quality of care at five newly established "reference centers" (designed to serve as Senegal's centers of

excellence in reproductive health services) with five comparable clinics that served as controls. Data were gathered through analyses of quality of care at all 10 sites in 1997, when the reference centers had begun implementation, and in 1998, 16 months later. New family planning users from all 10 facilities were interviewed in 1999 shortly after receiving services and again 16 months later.

Findings

◆ Overall, clients rated the quality of care higher at the experimental clinics in all aspects of care, although there were disparities among specific indicators. For example, clients in experimental clinics were generally more likely to receive full information about their chosen method (see Table). However, control clinics outperformed experimental clinics on two indicators in

Percentage of Women Who Received Method-Related Information at Experimental and Control Clinics

Information given to clients	Philippines (%)		Senegal (%)	
	Experimental	Control	Experimental	Control
How method works	89*	76	96	98*
How to use method	91	88	80	97*
Method side effects	83*	62	84*	63
How to manage	85*	66	84*	60
Warning signs	80*	56	77*	59
Switching methods	85	85	49*	34
Protection from STIs	43*	32	47*	15
Full information (all items)	36*	23	30*	7
N	869	859	799	521

* significant at $p \leq .05$

Senegal; and in the Philippines, experimental and control clinics provided similar amounts of information on switching methods and using the chosen method.

◆ Though the interventions did increase the quality of care provided, contraceptive continuation did not increase significantly over the short term. In the Philippines, the rate of continuation one year after the intervention was the same (about 75%) for both experimental and control groups. Similarly, little difference was found in contraceptive continuation among the Senegalese clients of the experimental and control clinics (59% and 54%, respectively) after 16 months. Thus, the experiment failed to demonstrate a causal relationship between improved quality of care and increased contraceptive continuation.

◆ While the specific interventions tested in the Philippines and Senegal experiments failed to have a significant effect on contraceptive use, secondary analysis combining data from all clients (at both control and experimental centers) suggests an underlying association between quality of care and use of family planning methods. More thought is required to clarify the degree to which factors under the control of managers contribute to this association.

◆ Despite increases in quality of care, there is room for further improvements in the quality of services in both countries. In the Philippines, for example, more providers in experimental clinics than control clinics fully assessed clients' needs (66% versus 52%); yet

one third of clients still did not receive complete assessments. In the Philippines and Senegal, more providers at the experimental clinics told clients about methods that protect against sexually transmitted infections; yet overall, less than half of providers furnished this information to clients.

Utilization

◆ In the Philippines, one provincial health officer has expanded the intervention throughout his province. Other provinces have expressed interest in adopting the model. The study received two national awards – best research and best practice. The Department of Health is considering replicating the model first throughout the southern Philippines, then nationally.

◆ In Senegal, the MOH is independently equipping all health centers to provide a broader range of family planning services. This is part of an overall strategy for performance improvement.

◆ Client-centered services, especially those focused on improved client-provider interaction, do result in better quality of care for clients. However, numerous factors associated with the clients and the contexts in which they live are likely to be the major determinants of contraceptive continuation.

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